

DEPARTMENT OF HEALTH & MENTAL HYGIENE BOARD
OF PROFESSIONAL COUNSELORS & THERAPISTS
4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215
410-764-4732
www.dhmh.state.md.us/bopc/

BOARD USE ONLY
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FEE RECEIVED _____
APPROVED/DISAPPROVED _____
PROCESSED BY: _____

APPLICATION FOR DESIGNATION OF "AUTHORIZED SPONSOR" OF
"CATEGORY A" CONTINUING EDUCATION ACTIVITIES

"Category A" activities must be formally organized and classified as a course, workshop, seminar, or symposium. Approval by the Board entitles the sponsor to publish a statement such as "THIS CE PROGRAM HAS BEEN APPROVED BY THE MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS FOR CATEGORY A." Programs are approved for a 2-year period.

Return this form to the Board of Professional Counselors and Therapists at the address above. Applications must be submitted to the Board **at least 10 weeks before the date of the activity.**

The fee for a program review is \$100.

1. Name of SPONSORING organization: _____
2. Sponsor's Address: _____
3. **Contact name:** _____ **Phone:** _____
4. **Email:** _____
5. Course location: _____
6. Description of subject matter (Enclose brochure or other advertising materials):

7. Target audience (must be intended for professional mental health audience):

8. List number of hours and date(s) of activity, excluding lunch, all breaks etc.

A. Number of hours _____ (Date) _____

B. Number of hours _____ (Date) _____

C. Number of hours _____ (Date)_____

9. Include Agenda of Program with this application.
10. Names and credentials of presenters (include curriculum vitae and evidence of Expertise in areas of activity)
11. Sponsorship

The sponsor shall furnish a certificate of completion to all participants. The Certification shall include:

1. Name of provider
2. Name of participant
3. Name of program
4. Number of CE hours
5. Date of program

Include a sample of the certificate with this application.

Rev 9/04

This form may be copied.